starinsure

starinsure.co.nz | 0800 250 600

Direct Debit Authority

Name of my account to be debited (Acceptor):

Name of my bank:

Account number:

Bank	Branch	Account	Suffix

Initiator's Authorisation Code

0	3	3	7	1	2	4

Approved

3712	80/20

Frequency

Monthly Insurance

Authorised signature/s:

Date: / /

From the acceptor to the bank specified above:

I authorise you to debit my account with the amounts of direct debits from Star Insurance Limited with the authorisation code specified on this authority in accordance with this authority until further notice. I agree that this authority is subject to

- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below.

Should you wish to arrange a direct debit with your credit card, please contact our accounts payable team on 0800 250 600

Specific conditions relating to notices and disputes

You may ask your bank to reverse a direct debit up to 120 calendar days after the debit if:

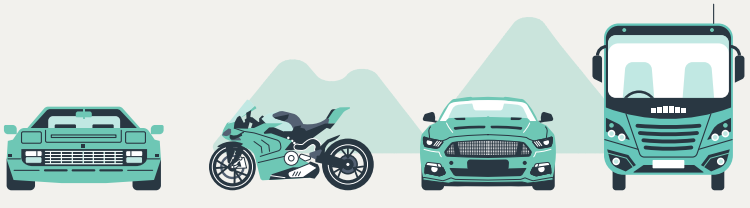
- You don't receive a written notice of the amount and date of each direct debit from the initiator, or
- You receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

The initiator is required to give a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series. For weekly or fortnightly direct debits, the initiator is required to give you a written notice of the amount and date of each direct debit no less than 2 business days before the date of the debit. For direct debits with notice no later than the date of the debit, the initiator may only send a direct debit if you have asked the initiator to send it and agreed the amount of the direct debit. The initiator is required to give you a written notice of the amount and date of each direct debit no less than the date of the debit. For instalment or scheduled direct debits, the initiator is required to give a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series. The notice is to include the dates of the debits, and the amount of each direct debit. If the initiator proposes to change an amount or date of a direct debit specifies in the notice, the initiator is required to give you notice no less than 30 calendar days before the change. If the bank dishonours a direct debit but the initiator sends the direct debit again once within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

Please email this form to admin@starinsure.co.nz

Star Insure Head Office

2 Reg Savory Place, East Tamaki, Auckland
PO Box 97 954, Manukau, Auckland 2241

Star Insure Locations Nationwide

Auckland – Hamilton – Tauranga – Invercargill